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21874 7590 04/20/2004

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Lee Dunkle	(Depositor's name)
<i>Lee Dunkle</i>	(Signature)
July 15, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/009,644	04/25/2002	Christoph Arth	56513 (45107)	9674

TITLE OF INVENTION: TRANSDERMAL THERAPEUTIC SYSTEM TTS CONTAINING TOLTERODINE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	07/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
GHALI, ISIS A D	1615	424-448000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Peter F. Corless

Christine C. O'Day

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Schwarz Pharma AG

Monheim, Federal Republic of GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies **10**

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- ☒ The Director is hereby authorized by charge ~~XXXXXXXXXX~~ or credit any overpayment, to Deposit Account Number **04-1105** (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Christine C. O'Day

7-15-04

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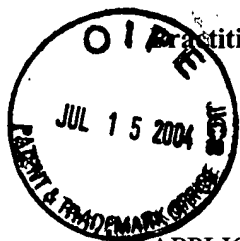
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07/20/2004 WASFAW2 00000024 10009644

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02 FC:8001**

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Applicant's Docket No. 56513 (45107)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: C. Arth et al.

U.S.S.N.: 10/009,644

Art Unit: 1615

FILED: April 25, 2002

Examiner: I. Ghali

FOR: TRANSDERMAL THERAPEUTIC SYSTEM (TTS)
CONTAINING TOLTERODINE

MAIL STOP ISSUE FEE

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. SECTION 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.

2. Fee (37 C.F.R. section 1.18(a) and (b)):

Application status is:	Regular	Design
<input type="checkbox"/> small business entity fee	<input type="checkbox"/> \$ 665.00	<input type="checkbox"/> \$240.00
<input checked="" type="checkbox"/> other than a small entity fee	<input checked="" type="checkbox"/> \$1,330.00	<input type="checkbox"/> \$480.00

3. Publication fee ☐ \$ 300.00

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Lee Dunkle

(type or print name of person mailing paper)

Lee Dunkle

Signature of person mailing paper

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(Transmittal of Payment of Issue Fee—page 1 of 2)

4. Advanced order of soft copies of patent fee [X] \$ 30.00

Total Fee Enclosed: \$ 1360.00

5. Payment of fee:

[X] Enclosed please find check for \$ 1360.00

[X] Charge Account 04-1105 for any fee deficiency.

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SIGNATURE OF PRACTITIONER

Reg. No. 38,256

Christine C. O'Day

(type or print name of practitioner)

Tel. No. (617) 439-4444

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